

# Mental Medication for Your "Sick" Patient

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WE LIVE IN A civilization of mental and moral confusion, and *we are all neurotic*. The very awareness that one is not as perfect as he would like to be produces distress. At various times every intelligent person has some form of neurosis, with acute exacerbations and remissions. A neurotic person is anyone who experiences physical symptoms from emotional stress.

In every person there exists a Dr. Jekyll and a Mr. Hyde living within the same brain and engaged in a continual struggle for expression. The resultant conscious and subconscious strain is expressed not only as emotional tension but also as physical illness. Each person, in addition to the struggle within himself, is engaged in a persistent struggle with his environment in order to gain the necessities of life. The restrictions of society create many difficulties in our fight to gain personal significance, self-confidence, prestige, sexual satisfaction, and other normal human cravings. Whenever environmental stress becomes too great, or when mental conflicts become overwhelming, neurotic symptoms follow. In most cases the symptoms result from various combinations of both external and internal struggles. Life is synonymous with conflict, from the cradle to the grave. This concept of the *normalness of a neurosis* has helped the author to see a way through the confusing maze of symptoms presented by the average patient.

## THE ROLE OF THE GENERAL PHYSICIAN

Since the diagnosis of mental or emotional illness is frequently considered an insult by patients or by their relatives, the attending physician is faced by two alternate modes of practice: that of attributing all of the symptoms to the minor physical abnormalities observed, or that of taking the time and effort, at the risk of offending, to adequately explain how each symptom may express a combination of physical and emotional factors. The latter course, which entails convincing a person who does not want to be convinced, requires art, skill and patience. It is the hard course of medical honesty.

All that may be needed for most patients is a bit of reassurance and friendly advice; often calm-

*• Essential stages in a type of superficial psychotherapy that has been found to be generally effective in treating a patient with "normal" neurosis are: A complete medical health evaluation, achievement of the patient's confidence, a description of all findings and a convincing explanation of how certain symptoms may be caused by nervous tension, and appropriate medical treatment combined with encouragement, inspiration and common-sense advice.*

*The "sick" patient should be convinced of the true cause of the symptoms that distress him, taught to recognize the neurotic basis of symptoms, and at times to accept and live with them. The fundamental ingredient of psychotherapy of this type is emphasis on developing a confident and purposeful way of life. Each patient should be encouraged to help himself in a determined effort to acquire peace and harmony both within himself and with his environment. Differences in personality and environment vary the treatment and advice best suited to each patient.*

*A proper attitude by the physician is a major factor in the effectiveness of treatment.*

ing a fear may help the patient to weather an emotional storm. The explanation of how distressing physical symptoms can be produced by distressing thoughts frequently brings about the return of sufficient happiness and health to make further medical care unnecessary for long periods.

Other patients may need repeated medical attention and reassurance. How convenient it would be to send these troublesome and time-consuming patients to a psychiatrist and let him worry about them. But physicians in general practice have learned that, for several reasons, this is seldom possible. Often it is necessary to continue to care for patients who may remain almost continuously fearful, fatigued, complaining and ill. It is easy to become discouraged in attending these intrinsically neurotic and often incurable persons unless it be borne in mind that many organic conditions also can be only partially alleviated and not cured. It is helpful to remember that repeated reassurance given

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to a chronically "sick" person is an essential part of treatment.

The great bulk of functional disease, both acute and chronic, has been by necessity managed by personal physicians rather than by psychiatrists. Although this type of care may not always be the best for the most severe constitutional neurosis, still the general practitioner is in a better position than the psychiatrist to treat ordinary neurosis. One obvious reason is that the most prominent symptoms of emotional tension are those of physical dysfunction, which the patient interprets as owing to organic disease. The patient goes to his attending physician for relief of headache, palpitation, fatigue or indigestion. The confidence the patient places in his own doctor to diagnose and treat his physical sickness is of great value in effective psychotherapy. Reassurance that the distressing physical symptoms are the normal bodily reactions to emotional tension can best be accepted from the one who has just conducted a complete health evaluation.

Physicians in general practice, each in his own way, attempt to treat both the organic and functional ills of their patients. In no phase of the practice of medicine, however, is there a wider range of equally effective methods than in the treatment of functional illness. Probably no two physicians treat neuroses in the same way, but each has developed a treatment method which, for him, is effective.

The author, in discussing his own way of treating patients with a neurosis, will not attempt to present scientific facts but only ideas, concepts, opinions and practical suggestions that have been gathered from various persons, lectures and books.

#### STEPS IN TREATMENT

Obviously, the first and most important step in psychotherapy for the "sick" patient is a complete medical examination. This includes whatever laboratory and x-ray studies may be needed to verify the clinical diagnosis and convince the patient that the physician is giving due consideration to physical complaints.

The second essential is to convince the troubled patient that he is being treated by a capable physician who understands the patient's illness, and knows what to do about it. The patient must be convinced that the physician likes him as a person and can show him the way to physical and emotional health if he is willing to follow.

The third step is a description of all physical, laboratory, x-ray and emotional findings, and next how they are related to each symptom. It is essential that the patient be made to understand that nervous tension is average and normal, and that it occurs almost exclusively in intelligent, sensitive, kindly and essentially good people. Explanation of how the

symptoms can be produced by nervous tension must be both convincing and acceptable.

The fourth step is the administration of appropriate medical treatment mixed with sufficient common-sense advice and encouragement to bring about symptomatic relief. With the relief of distressing symptoms the patient gains new faith in the physician, in himself and in the world about him. With faith comes a willingness to accept a diagnosis of functional illness and a desire to develop a more wholesome "way of life."

Usually three or four visits are required for the average neurotic patient. On the first visit, after the physical examination has been completed, the purely organic conditions are described and appropriate treatment is outlined. Next comes an attempt to convince the patient first that his symptoms are well understood, and second that these symptoms can develop from nervous tensions. The patient is then encouraged to discuss his problems and disturbing thoughts. After the patient has finished talking, a few words of sympathy and reassurance are followed by a brief discussion of whatever environmental manipulation might obviously be helpful. One should be careful not to tell the patient what he should do, but, by asking leading questions, to help him reach a solution himself. The visit is usually concluded with an optimistic assurance that the symptoms will disappear as the emotional problems are corrected. Usually sedative medication is prescribed to speed relaxation and symptomatic relief.

On the second visit a few portions of the physical examination are rechecked. The laboratory and x-ray findings are explained. The final diagnosis is then given—again listing organic conditions first. The patient is encouraged to talk further about his problems and what he intends to do about them. Some reference may be made to the frequency with which poor sexual satisfaction is associated with emotional problems. This approach may open the door to a discussion of a major factor in the production and continuation of tension. No attempt is made to delve deeply into the guilt complexes or disturbing psychosexual aberrations of early life. In fact all discussions with the patient are conducted with a reassuring emphasis upon helping him, a normal person, to face life with a better understanding and a greater peace of mind. The patient is encouraged to change things that should be changed, but to accept situations that cannot be changed. It is helpful to advise the patient to try to live one day at a time to the best of his ability, giving no thought to the mistakes of yesterday or to the insecurities of tomorrow. The second visit is often concluded by a gift to the patient of the little book *A Way of Life* by Sir William Osler.

Further details of therapy cannot be standardized. Various personality patterns, differing religious beliefs, and specific environmental factors determine what type of subsequent therapy would be best suited to each patient. An understanding of how environmental trauma can injure a sensitive personality sufficiently to produce physical illness will in most cases reveal to the patient what must be done to remedy the situation. One patient may decide to change some phase of his environment, another may change himself, and still another may attempt to do both. One patient may find peace of mind by accepting the inevitable, another by accepting the sustaining comfort of religious faith. All patients are benefited to some degree by kindly guidance in their search for happiness and emotional security. With the aid of a practical philosophy they can be helped to regain self-esteem and self-confidence. Personal significance is established by focusing their attention upon a recognition of their worthiness and upon their capability to bring happiness to others. They are urged to look for the beauty in life and for the good in others. They are assisted in their attempts to balance the ever-present hates and resentments with tolerance. They may be cautioned not to expect perfection in themselves or in those with whom they live and work. They are reminded that life does not offer security, only opportunity. They are urged to concentrate upon *something to live for* if they would make the battle of life more endurable. They are encouraged to develop *enthusiasm for a cause*, for *earning happiness* by giving happiness. They are persuaded to face each day with a determination to concentrate their efforts and attention upon doing, one at a time, those things that can be done—to crowd disappointments and uncertainties out of their minds by substituting fruitful activity.

#### AVOIDING DEEP-LYING CONFLICTS

Admittedly this is a very superficial form of psychotherapy, but that is intended. It must always be kept in mind that it may not be wise for physicians who are not psychiatrists to probe too deeply into the repressed complexes or psychic irregularities of all patients. Neurosis itself may be an essential and necessary part of some personalities, and to remove the physical symptoms caused by it might expose the patient to an even more excruciating mental pain. A physician might bring great harm to some patients by emphasizing their abnormalities, by discovering repressed sexual deviations, or by exposing subconscious shame-producing urges. Certain danger signals that indicate a major mental disturbance must be recognized, and when they are observed the patient would best be referred immediately to a psychiatrist or placed in protective cus-

tody. Psychiatric symptoms of that order are: hallucinations, delusions, emotional extremes with suicidal or violent tendencies, obsessive compulsive rituals, depressions with withdrawal symptoms and excessive feelings of unworthiness.

#### THE PHYSICIAN'S ATTITUDE

It is admittedly difficult for a busy physician adequately to treat the multitude of functionally ill persons. He may find it relatively easy to devote the necessary time to patients whom he spontaneously likes, but the greatest challenge in the general practice of medicine is to deal properly with patients who are unpleasant and unhappy, irritable and antagonistic, whining and complaining, depressed and discouraged.

To help them, a physician must gain their trust and faith. And to do that, the physician himself must be emotionally oriented to the task. He must first of all believe that it is worth while, and he must have honest sympathy for the patient's suffering, whether the cause be physical or emotional. He must believe that a degree of self-respect and peace of mind is essential to both mental and physical health. In short, he must have a conviction before he can convince. If he can develop this conviction he will be a more effective therapist. From a more selfish point of view, any attitude that improves a physician's relations with difficult-to-handle patients should make his work easier and happier. Some concepts and rules that have been helpful in this matter are:

1. *Appeal to the natural desire of each patient for approval and respectability.* Don't resort to flattery, but look for qualities that you can genuinely admire. There is both good and bad in every man; speak to the good and the good will answer. This is especially true of those who may be antagonistic and emotionally insecure. Talk up to each patient, not down to him.

2. *Make a habit of attempting to place yourself in the patient's position.* View the symptoms and problems through his eyes. Never suggest a course of action which the patient cannot or would not be likely to follow, even though such action would appear to be logical.

3. *Think of each neurosis as normal.* Assume that the neurotic patient is an average and intelligent person who is troubled by a combination of problems which is beyond his understanding and control. View and speak of his symptoms as normal manifestations of environmental injury to a sensitive personality.

4. *Consider all illness as a combination of both organic and emotional factors.* Don't think in terms

of whether the cause is organic or functional, but rather of what combination of these two factors produces the symptoms.

5. *Keep bolstering the self-esteem and self-respect of each patient.* Refrain from ridiculing or minimizing the importance of his complaints. Present the diagnosis and treatment in such a way that it can be accepted without humiliation to the patient.

6. *Remember that what you say can produce illness, as well as cure.* Talk and act confidently about what you do know, but never share with your patient your doubts and uncertainties. Don't tell the patient that he has no physical disease and then cause doubts in his mind by ordering more tests or making repeated appointments.

7. *Keep in mind that most emotional wounds will heal with time,* but the timely application of helpful advice can speed recovery and prevent disabling scars on the patient's personality.

Despite honest effort to follow all these ideas in the treatment of an emotionally upset patient, a physician will occasionally attend a patient toward whom he feels antagonism. When this occurs, the physician should recognize his own resentment and refer the patient to a colleague who probably will not have to struggle with a similar antagonistic feeling. As a general rule, however, the treatment of a neurotic patient can actually be a pleasure for the physician if he develops the proper frame of mind.

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### **Army Reviewing Physical Records of 1,000 Priority-3 Physicians**

THE ARMY SURGEON GENERAL has asked area surgeons in the U. S. to review records of about 1,000 priority-3 physicians who were deferred for physical reasons prior to lowering of physical standards. A number of doctors in this group are expected to be found fit for duty. Under lowered standards announced last month, each case is decided on its own merits. Generally, the armed services are taking the position that if a doctor is physically able to carry on a private practice then he is fit for military service.

Since the Defense Department announcement on lowered standards, the Army has sent to Selective Service for reevaluation the names of 739 deferred physicians in priorities 1 and 2. Of this group, 487 have received physical examinations.—A.M.A. *Washington Letter*.